

## Aggregate Direct Services Data Collection Tool

**Program Name:** \_\_\_\_\_ **(optional) Activity Location Name:** \_\_\_\_\_

**Directions:** For each unique set of activities, please enter the requested information on Pages 1 and 2 of this form.

**Date Information:** Single or Start Date (mm/dd/yyyy): \_\_\_\_ / \_\_\_\_ / \_\_\_\_ End Date (mm/dd/yyyy): \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Enter **ONE** modality code in the box (optional): 

--	--

<b>Modality</b>	<b>00</b> Not specified	<b>04</b> In-person consultation/service	<b>08</b> Phone consultation
<b>Codes:</b>	<b>01</b> Case management	<b>05</b> Support group session	<b>09</b> Mailing/distribution of materials
	<b>02</b> Home visit	<b>06</b> Class/workshop	<b>99</b> Other
	<b>03</b> Mobile service	<b>07</b> Public/community event	

**Please mark (X) ALL applicable activities and subactivities associated with the modality entered above.**

### Result 1: Improved Family Functioning (Family Support, Education and Services)

- |  |   |
|--|---|
| <input type="checkbox"/> Behavioral, Substance Abuse, and Mental Health Services <ul style="list-style-type: none"><li><input type="checkbox"/> Substance abuse treatment/screening</li><li><input type="checkbox"/> Mental health/Behavioral assessment</li><li><input type="checkbox"/> Behavioral aides</li><li><input type="checkbox"/> Play therapy</li><li><input type="checkbox"/> Parent-child intervention</li><li><input type="checkbox"/> Other psychological counseling</li><li><input type="checkbox"/> Social skills training</li><li><input type="checkbox"/> Psychiatric/medication services</li><li><input type="checkbox"/> Behavioral consultation</li><li><input type="checkbox"/> Individual behavior plan</li><li><input type="checkbox"/> Other therapy</li></ul> | <input type="checkbox"/> Community Resource and Referral <ul style="list-style-type: none"><li><input type="checkbox"/> Special education service referral</li><li><input type="checkbox"/> Distribution of Kit for New Parents</li><li><input type="checkbox"/> Family Literacy Programs<ul style="list-style-type: none"><li><input type="checkbox"/> Raising a Reader</li></ul></li><li><input type="checkbox"/> Provision of Basic Family Needs (Food, Clothes, Housing)<ul style="list-style-type: none"><li><input type="checkbox"/> Provision of food, clothes, emergency funds, housing, or other basic needs</li></ul></li><li><input type="checkbox"/> Enrollment/assistance with TANF, WIC, Food Stamps, or food program</li><li><input type="checkbox"/> Transportation services or voucher</li></ul> |
| <input type="checkbox"/> Adult Education and Literacy for Parents <ul style="list-style-type: none"><li><input type="checkbox"/> Adult literacy programs</li><li><input type="checkbox"/> Job training/citizenship/other adult education</li></ul>   | <input type="checkbox"/> Targeted Intensive Parent Support Services <ul style="list-style-type: none"><li><input type="checkbox"/> Respite care</li><li><input type="checkbox"/> Parent conference</li></ul> <input type="checkbox"/> General Parenting Education Programs <input type="checkbox"/> Other Family Functioning Support Services <ul style="list-style-type: none"><li><input type="checkbox"/> Family planning</li><li><input type="checkbox"/> Service coordination</li></ul>  |

### Result 2: Improved Child Development (Child Development Services)

- |  |   |
|--|---|
| <input type="checkbox"/> Local School Readiness (Mirror Programs)  | <input type="checkbox"/> Inclusive recreation program   |
| <input type="checkbox"/> Preschool for 3 and 4 Year Olds <ul style="list-style-type: none"><li><input type="checkbox"/> Enhanced art curriculum</li><li><input type="checkbox"/> Enhanced science curriculum</li></ul>   | <input type="checkbox"/> Integrated play group  |
| <input type="checkbox"/> Comprehensive Screening and Assessments <ul style="list-style-type: none"><li><input type="checkbox"/> Developmental screening – SNP protocol</li><li><input type="checkbox"/> Speech and language assessment</li><li><input type="checkbox"/> Other screening or assessment</li><li><input type="checkbox"/> PFA – ASQ</li><li><input type="checkbox"/> PFA – DRDP</li></ul>   | <input type="checkbox"/> Buddy program  |
| <input type="checkbox"/> Targeted Intensive Intervention for Identified Special Needs <ul style="list-style-type: none"><li><input type="checkbox"/> Consultation on speech and language</li><li><input type="checkbox"/> Group speech and language therapy</li><li><input type="checkbox"/> Individual speech and language therapy</li><li><input type="checkbox"/> Socialization group</li><li><input type="checkbox"/> Specialized movement class</li></ul> | <input type="checkbox"/> Social-emotional curriculum  |
|  | <input type="checkbox"/> Discrete trial training or other behavioral teaching program   |
|  | <input type="checkbox"/> Individual learning plan (ILP)   |
|  | <input type="checkbox"/> Initial IEP / IFSP   |
|  | <input type="checkbox"/> Update of IEP / IFSP   |
|  | <input type="checkbox"/> Early Education Programs for Children (Other than School Readiness and Preschool for 3 and/or 4 year olds) |
|  | <input type="checkbox"/> Recreational/physical activities for children alone or together with parents                               |
|  | <input type="checkbox"/> ECE*/child care subsidies or vouchers  |
|  | <input type="checkbox"/> ECE*/child care resources and referral   |
|  | <input type="checkbox"/> Kindergarten Transition Services   |
|  | <input type="checkbox"/> Other Child Development Services   |

\*ECE = Early care and education

## Aggregate Direct Services Data Collection Tool

### Result 3: Improved Health (Health Education and Services)

- |  |  |
|--|--|
| <input type="checkbox"/> Breastfeeding Assistance<br><input type="checkbox"/> Nutrition and Fitness<br><input type="checkbox"/> Other Health Education<br><input type="checkbox"/> Health Access<br><input type="checkbox"/> Home Visitation for Newborns<br><input type="checkbox"/> Oral Health<br><input type="checkbox"/> Dental screening<br><input type="checkbox"/> Dental treatment<br><input type="checkbox"/> Oral health education<br><input type="checkbox"/> Prenatal Care<br><input type="checkbox"/> Primary Care Services (Immunizations and/or Well-Child Checkups)<br><input type="checkbox"/> General health screening<br><input type="checkbox"/> Vision screening<br><input type="checkbox"/> Hearing screening<br><input type="checkbox"/> Other screening | <input type="checkbox"/> Immunizations<br><input type="checkbox"/> Well-baby or well-child checkups<br><input type="checkbox"/> Safety Education and Intentional and Unintentional Injury Prevention<br><input type="checkbox"/> Safety education and injury/violence prevention<br><input type="checkbox"/> Car seat distribution<br><input type="checkbox"/> Specialty Medical Services<br><input type="checkbox"/> Audiology services<br><input type="checkbox"/> Vision services<br><input type="checkbox"/> Physical therapy<br><input type="checkbox"/> Occupational therapy<br><input type="checkbox"/> Assistive technology services<br><input type="checkbox"/> Medical evaluation for diagnosis<br><input type="checkbox"/> Nursing services<br><input type="checkbox"/> Other health services<br><input type="checkbox"/> Tobacco Cessation Education and Treatment<br><input type="checkbox"/> Other Health Services |
|--|--|

**Directions:** Please enter nonduplicated count; each participant should only be counted once per fiscal year per type of activity.

		Children (0 to 5)*	Parents/guardians	Other family members
<b>Total number of participants:</b>				
<b>Ethnicity</b> (Number of participants)	Alaska Native or American Indian			
	Asian			
	Black/African-American			
	Hispanic/Latino			
	Pacific Islander			
	White			
	Multiracial			
	Other			
	Unknown			
	<b>Ethnic total:</b>			
	Should = total # of participants (top line)			
<b>Primary language**</b> (Number of participants)	English			
	Cantonese			
	Hmong			
	Korean			
	Mandarin			
	Spanish			
	Tagalog			
	Vietnamese			
	Other			
	Unknown			
	<b>Language total:</b>			
Should = total # of participants (top line)				
<b>Age</b> (Number of children)		<b>Children age 0-5</b>	<b>Children age 0-5 with disabilities or other special needs</b>	
	Less than 3 years old			
	3 to 5 years*			
	Unknown			
<b>Age total: Should = total # of children (top line)</b>				

\* Up to a child's 6th birthday.

\*\* Breakdowns by languages are optional for parents and other family members.